

COORDINATOR'S CHECK LIST FOR A TEMPORARY FOOD EVENT

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. A Temporary Food Permit application form must be received from each operator ten, working days prior to the event.

For more information call _____ () _____

1. NAME OF EVENT _____
2. DATE(S) OF EVENT _____
3. EVENT LOCATION _____
4. NAME OF EVENT COORDINATOR/RESPONSIBLE INDIVIDUALS:

<u>Name</u>	<u>Address</u>	<u>Phone #-work/phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
5. NUMBER OF ANTICIPATED FOOD BOOTHS _____
6. DATE, TIME, LOCATION OF SCHEDULED MEETINGS WITH FOOD BOOTH PARTICIPANTS:

7. ATTACH A LIST OF PROPOSED FOOD BOOTH PARTICIPANTS: (i.e. Name of Booth, Operator Name & Address, Phone #)
8. TIME OF EVENT SET-UP: _____
EVENT OPERATION: _____
9. WILL ELECTRICITY BE PROVIDED TO THE FOOD BOOTHS? ☐ NO ☐ YES
IF YES, DESCRIBE _____
10. WILL EQUIPMENT/UTENSIL WASHING FACILITIES BE PROVIDED FOR FOOD BOOTH OPERATORS? ☐ NO ☐ YES
IF YES, DESCRIBE: _____
11. SOURCE OF ICE/WATER SUPPLY: _____
12. WASTE WATER DISPOSAL- _____
13. GARBAGE DISPOSAL METHOD: _____
14. ATTACH A MAP SHOWING THE LAYOUT OF FOOD BOOTHS, GROUNDS, RESTROOM FACILITIES, ETC.